

Action 19..... (Date of Action)	Action 19..... (Date of Action)
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STATE OF ALABAMA



BOARD OF EXAMINERS
OF
LANDSCAPE ARCHITECT

908 South Hull Street, Montgomery, AL 36104

APPLICATION FOR REGISTRATION
TO PRACTICE LANDSCAPE ARCHITECTURE

All information requested on this form must be typewritten or printed in ink.

I hereby apply for registration in the State of Alabama under the method checked below and on the basis of the lawfully required information shown herein.

CHECK METHOD OF REGISTRATION
METHOD

- ☐ I. ACCREDITED DEGREE AND PASS CLARB NATIONAL EXAM
Must be a graduate of an accredited architectural curriculum approved by the Board and satisfactorily pass the CLARB National Exam. Must total six years of combined education and experience.
- ☐ II. HIGH SCHOOL, PLUS 8 YEARS EXPERIENCE AND PASS CLARB NATIONAL EXAM
Must be high school graduate or have had education equivalent thereto as determined by the Board and, in addition, at least eight (8) years of varied landscape architectural experience under the supervision of a landscape architect registered under this Act or other qualified person or experience approved by the Board. Must satisfactorily pass the CLARB National Exam.
- ☐ III. RECIPROCITY
An applicant who holds the license or certification to practice landscape architecture issued to him upon examination by a legally-constituted Board of Examiners of any other State or the District of Columbia, or any other territory or possession under the control of the United States; PROVIDED, that such requirements of the State in which the applicant is registered are equivalent to those of this State.
- ☐ IV. CLARB CERTIFICATION
CLARB certificate holders complete SECTION I - PERSONAL DATA - only and have your certificate file transmitted to the Board.

CHECK METHOD THROUGH WHICH YOU ARE SEEKING REGISTRATION. ENCLOSE PRESCRIBED FEE LISTING ON INSTRUCTION SHEET. MAKE CHECK PAYABLE TO: ALABAMA BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS

AFFIX RECOGNIZABLE
PHOTOGRAPH WITH
FACE NOT LESS
THAN (¾) THREE-QUARTERS
INCH WIDE.

I. PERSONAL DATA

1. Full name (as you wish it to appear on certificate of registration)

.....
(first) (middle) (last)

2. ☐ Business
(firm name)

.....
(street or box)

.....
(city) (state) (zip)

3. Phone Number ()

4. ☐ Residence
(street and number)

.....
(city) (state) (zip)

5. ☐ Phone Number ()
PLEASE CHECK BOX TO INDICATE PREFERRED MAILING ADDRESS

6. Date Soc. Sec. No.
(same as affidavit on back)

7. Date and place of birth (Date) (Place)

8. Citizens of (State or Foreign Country)

9. Are you registered as a Professional Landscape Architect elsewhere? ☐ Yes ☐ No If yes, show the following:
Name of State or Country Basis* Registration Date Cert. No. Expiration Date

*Indicate examination basis as: W-Written, O-Oral, EE-Education and Experience, R-Reciprocity, GF-Grandfathers. If written, indicate how many hours of examination and date(s) when taken.

10. Do you hold C.L.A.R.B. Certification? ☐ Yes ☐ No Date Received: Certification Number
Is it presently active? ☐ Yes ☐ No Expiration/Renewal Date

11. Are you now a resident of Alabama? ☐ Yes ☐ No If yes, how many years?

12. Names of technical or professional organizations to which you belong with grade of membership?
.....
.....

13. Have you ever been refused a license or had revocation or other disciplinary proceedings filed against you? ☐ Yes ☐ No
.....
.....

14. Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, explain

15. Have you been adjudged mentally incompetent by a court of competent jurisdiction? ☐ Yes ☐ No If yes, explain
.....

II. EDUCATION AND EXPERIENCE

1. SUPERVISED EDUCATION

High School or Preparatory Education	Name of Institution	Years Attended		Date of Graduation	Course Completed Degree Conferred*
		From	To		
*College or University See Note under Experience					

*Enclose copy of diploma.

2. UNSUPERVISED EDUCATION — Home Study, Correspondence School

* See Note under Experience

III. REFERENCES

List below at least five (5) citizens of the USA, three (3) of whom shall be registered Professional Landscape Architects, not relatives or members of this Board or Council, to whom the Board may apply for information in regard to your character and professional ability. No more than two (2) references from the same firm.

Name	Address (with zip)	Occupation <small>(Landscape Architects show registration state & No.)</small>	Business Relation to Applicant
1.
2.
3.
4.
5.

INFORMATION FOR APPLICANT

It is unlawful for any Landscape Architect to engage in any work which comes under the provisions of the Act regulating the practice of Professional Landscape Architects unless he holds a Certificate and a current License Renewal Card issued by this Board.

Read carefully all information released by the Board pertaining to registration and determine your ability to qualify.

PLEDGE

I hereby certify that all information disclosed in this form is true, correct and complete to the best of my knowledge; I have familiarized myself with the provisions of Alabama Law, Act 71-2396 and Act 82-345 regulate the practice of Landscape Architecture and to provide penalties for violators; and do hereby subscribe to and agree to abide by the provisions therein and related Rules and Regulations promulgated by the Board.



.....
SIGNATURE OF APPLICANT

AFFIDAVIT

(To be made before a Notary Public or official qualified by law to administer oaths.)

STATE OF, COUNTY OF

On this day of, 19....., before me
personally appeared

known to me to be the person herein described, and signed the foregoing form of application, and on oath swears (or affirms) that all the statements herein made are true to the best of his (her) knowledge and belief.

.....
NOTARY

.....
(To be signed by applicant in presence of Notary)

NOTARY PUBLIC

My Commission expires

NOTE: Enter notarization date in item 6 on front page.

NOTE: Furnish additional information on education or experience on extra 8½ x 11 sheets if required.

Signature of Applicant